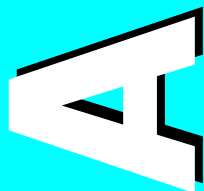
TRELA

To: DME Providers

Electronic PA Requests Requiring Attachments

If attachments are required for PA review the attachments must be sent to EDS to be scanned into the system. Do not fax this information to the Alabama Medicaid Agency unless a request is made for specific information by the agency reviewer. Attachments scanned can be located in the system and are linked by the PA number on the Prior Authorization response returned by the system. This response should be placed on the front of all attachments sent. Please be aware that the need to link the attachments sent hard copy with a PA request submitted electronically has resulted in delays in PA processing. In an effort to expedite this process follow the instructions below taken from Chapter 15, Submitting 278 Prior Authorization Requests, Provider Electronic Solutions Manual;

Note: Please print a copy of the Prior Authorization response, which is received after your submission, and attach the response to your attachments. Fax them to 334-215-4298, Attn: PA Unit, or mail the attachments to:

Attn: PA Unit
P. O Box 244032
Montgomery, AL 36124-36124

There has been extensive training in the Prior Approval Unit to ensure that current policies are being followed. Please refer to the Alabama Medicaid Provider Manual for policy requirements that are being enforced.

For prior approval to be granted for Enteral Equipment and Supplies (B4034, B43035, B4086, B9002 and B9998) the following criteria must be met:

1. Recipient must be Medicaid eligible and under the age of 21; and
2. Recipient must meet the criteria for specialized nutrition. Verification that the recipient has met the criteria for specialized nutrition should accompany the PA request. A copy of the HID approval letter for the nutritional is acceptable verification.

NOTE : For Medicaid recipients 21 years of age and above coverage is only available for procedure code A4213.

June 6, 2006